

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

*IPW*  
\$

In re Patent Application of: Hu et al.

Docket No.: PF112P3C2US

Application No.: 10/696,002

Confirmation No.: 7776

Filed: October 30, 2003

Art Unit: 1647

For: Vascular Endothelial Growth Factor 2

Examiner: Landsman, R.

**SECOND SUPPLEMENTAL PRELIMINARY AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Prior to substantive examination of the above-identified patent application, please enter the following amendments. Applicants submit concurrently herewith: (a) a Fee Transmittal Sheet, with appropriate fee(s) (in duplicate); (b) Replacement Figures 25D-25I; and (c) Second Supplemental Information Disclosure Statement, with Form PTO/SB/08 and copies of references GW-HD.

- Amendments to Figures begin at page 2.
- Amendments to the Claims begin at page 3.
- Remarks begin at page 11.

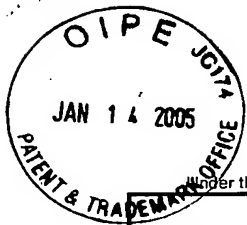
Insertions are shown by underlining. Deletions are shown by ~~strikethrough~~.

01/19/2005 DEMMANU1 00000055 083425 10696002

01 FC:1201 200.00 DA  
02 FC:1202 800.00 DA

**Amendments to the Figures:**

Please replace Figures 25D-25I as last filed with the attachment replacement of Figures 25D-25I submitted herewith.



PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 1,000.00**Complete if Known**

Application Number	10/696,002-Conf. #7776
Filing Date	October 30, 2003
First Named Inventor	Jing-Shan Hu
Examiner Name	R. S. Landsman
Art Unit	1647
Attorney Docket No.	PF112P3C2US

**METHOD OF PAYMENT** (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
86	- 70 = 16	x 50.00 =	800.00

<u>Multiple Dependent Claims</u>
<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
15	- 14 = 1	x 200.00 =	200.00

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	- 100 =	/50	(round up to a whole number) x	=

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	41,512	Telephone	(301) 610-5764
Name (Print/Type)	Melissa J. Pytel	Date	January 14, 2005		